

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-088636

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3										
TOTAL DEP.	18										
TOTAL CLAIMS	20										
51											
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS